

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |   |   |
|--|---|---|
| 1. (a) Name of Individual, Organization or Corporation<br><b>EMERGENCY COMMITTEE FOR ISRAEL</b>  |   | 3. FEC Identification Number<br><b>C</b> <b>C90013244</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><b>11 DUPONT CIRCLE NW SUITE 325</b> |   |   |
| (c) City, State and ZIP Code<br><b>WASHINGTON DC 20036</b>   |   |   |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Individual filers only</b>  | Name of Employer  | Occupation  |

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

|         |   |     |   |                 |
|---------|---|-----|---|-----------------|
| M M     | / | D D | / | Y Y Y Y Y Y Y Y |
| THROUGH |   |     |   |                 |
| M M     | / | D D | / | Y Y Y Y Y Y Y Y |

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

54116.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Noah Pollak

Noah Pollak

07/27/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Craft Media/Digital                           |             | Date<br>MM / DD / YYYY<br>07 / 25 / 2012  |  |
| Mailing Address<br>706 7th St. SE   |             | Amount<br>3500.00   |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20003   |  |
| Purpose of Expenditure<br>Newspaper Advertising Production  |             | Category/<br>Type<br>004  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>BARACK OBAMA                    |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>3500.00                                   |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |  |
| Full Name (Last, First, Middle Initial) of Payee<br>Media Buy, LLC                                |             | Date<br>MM / DD / YYYY<br>07 / 25 / 2012  |  |
| Mailing Address<br>60 5th Street  |             | Amount<br>40441.00  |  |
| City<br>Providence  | State<br>RI | Zip Code<br>02906   |  |
| Purpose of Expenditure<br>Newspaper Advertising Buy   |             | Category/<br>Type<br>004  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>BARACK OBAMA                    |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>43941.00                                  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |  |
| Full Name (Last, First, Middle Initial) of Payee<br>The Jerusalem Post                            |             | Date<br>MM / DD / YYYY<br>07 / 25 / 2012  |  |
| Mailing Address<br>The Jerusalem Post Building<br>PO Box 81                                       |             | Amount<br>10175.00  |  |
| City<br>Jerusalem   | State<br>ZZ | Zip Code  |  |
| Purpose of Expenditure<br>Newspaper Advertising Buy   |             | Category/<br>Type<br>004  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>BARACK OBAMA                    |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>54116.00                                  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____ |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                     |             | 54116.00  |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....                                   |             |   |  |
| (c) <b>TOTAL</b> Independent Expenditures .....<br>(carry total from last page forward to Line 7) |             | 54116.00  |  |